Food and Drug Administration Center for Food Safety and Applied Nutrition Office of Special Nutritionals

ARMS#



8 - OTHER

Deaths are in my custody, and that the following is a true copy from the records, as certified by me.

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BIRTH DATE

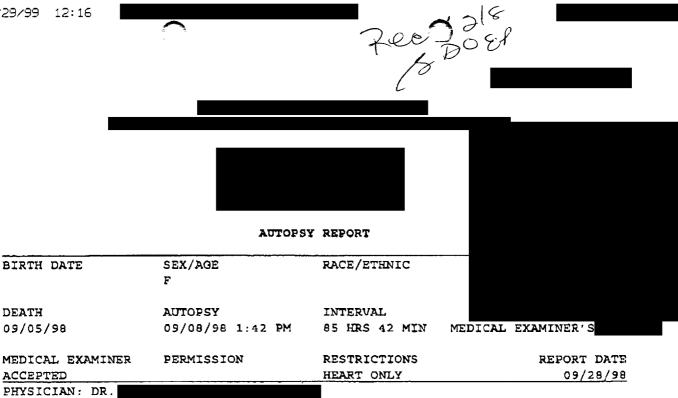
DEATH

09/05/98

ACCEPTED

PROSECTOR: DR.

CONSULTANT: DR



STAFF: DR.

FINAL ANATOMIC DIAGNOSES

CONSULT HEART RECEIVED FROM THE MEDICAL EXAMINER'S OFFICE,

MYXOMATOUS DEGENERATION OF MITRAL AND TRICUSPID VALVES

CARDIOMEGALY, MODERATE (Heart 590 grams)

Focal subendocardial and subepicardial interstitial and replacement fibrosis.

COMMENT:

The decedent was a 49 year old female with a history of endocarditis. She was on prophylactic Clindamycin for an alleged oral/dental procedure. There is a questionable history of arrhythmias.

The autopsy was performed at the Office of the Chief Medical Examiner in The heart weighed 590 grams. The autopsy was essentially negative. Samples were sent for routine toxicologic examination including for Depakote and Prozac. The toxicology results are pending.

The heart, received in consultation from the _____ is enlarged but has a normal external configuration. The coronary arteries were partially sectioned in situ prior to receipt. The coronary arteries exit the aorta in normal locations although the left ostium has a slightly oblique takeoff. The coronary artery system is right dominant. More extensive sectioning of the coronary arteries in situ reveals no atherosclerosis. On the epicardial surface

(continued on following page)

FINAL ANATOMIC DIAGNOSES (cont'd)

of the anterior aspect of the right ventricle, there is a 4.5 x 2.5 cm. fibrous thickening consistent with a "soldier's plaque". Both atria and ventricles are dilated. No atrial septal or ventricular septal defects are present. The fossa ovalis is closed. No recent or remote infarctions are seen. The left ventricular free wall measures 1.2 cm. in thickness. The right ventricular free wall measures 0.2 cm. in thickness. The anterior leaflet of the tricuspid valve is thickened with mild hooding. There is marked thickening and hooding of both the anterior and posterior leaflets of the mitral valve. The changes are most marked in the posterior leaflet. There is high insertion of many of the chordae tendineae on the posterior leaflet and there is some thinning of the chordae tendineae. On the endocardial surface of the left ventricle, in an area corresponding to the chordae tendineae of the posterior leaflet of the mitral valve, there are linear areas of fibrous thickening. The aortic and pulmonary valves appear normal and are composed of three cusps.

Microscopic examination reveals myxomatous degeneration with focal fibrosis of the mitral and tricuspid valves. The primary process affecting both valves appears to be myxomatous degeneration. Although there is focal fibrosis, other features that would suggest a healed endocarditis, such as neovascularization, are not seen. Sections of myocardium reveal scattered foci of both interstitial and replacement fibrosis that are predominantly subendocardial but are also focally subepicardial. Moderate myocyte hypertrophy is present. No myfiber disarray, myocarditis or deposition disease is seen.

Sudden death has been associated with myxomatous degeneration of the cardiac valves, as well as with foci of myocardial fibrosis and with cardiomegaly. The cause of death in this case could be attributed to a cardiac origin with any one of these findings contributing to the patient's death.

PAGE: 3

MICROSCOPIC DESCRIPTION

SLIDE KEY:

Representative sections are submitted as follows:

- 1: Mitral valve anterior leaflet (1), fibrous thickening.
- 2: Mitral valve posterior leaflet (2).
- 3: Tricuspid valve, anterior leaflet (1).
- 4: Right ventricle, lateral basal (1).
- 5: Right ventricle, lateral apical (1).
- 6: Left ventricle, basal, posterior (1).
- 7: Left ventricle, apical, anterior (1).

MICROSCOPIC DESCRIPTION:

Microscopic examination of the mitral and tricuspid valves reveals myxomatous degeneration with focal fibrosis. The primary process affecting both valves appears to be myxomatous degeneration. Although there is focal fibrosis, other features that would indicate a healed endocarditis, such as neovascularization, are not seen. Sections of myocardium reveal multiple foci of interstitial and replacement fibrosis that are predominantly subendocardial. A few subepicardial foci are also seen. Trichrome stain confirms the presence of fibrosis; Congo red stain is negative. Moderate myocyte hypertrophy is present. No myofiber disarray, deposition disease or myocarditis are seen.

KODACHROMES:

Heart, Tricuspic Valve, Mitral Valve

NC

AUTOPSY SERVICE

PAGE: 4

CLINICAL SUMMARY

SEE COMMENT (IN FINAL ANATOMIC DIAGNOSES SECTION).

M D

PROSECTOR Signed by 09/24/98

Signed by 09/28/98

PAGE 1

RUN ON: 10/21/98 0905

RUN FOR: 10/07/98-10/21/98

TYPE OF REPORT:

Doctor Report

PATIENT:

MR#:

PHONE:

LOCATION

AGE SEX F 49

PHYSICIAN NAME

ACCOUNT #

STATUS

09/08/98

REC DATE

ADM COMMENTS:

SPEC #:

STATUS:

COLL: 09/08/98-

RECD: 09/08/98-1450

ORDERED: CDAO, SOLVENT SCR, OTH, FLUOXETINE, VALPROIC ACID

COMMENTS: VALPROIC ACID, FLUOXETINE

Tast

Result

Reference Plag

> SPECIMEN TYPE

BLOOD

Fluoridated femoral

> BARBITURATE SCREEN

None detected. This is the result of a qualitative immunoassay screening test for barbiturates.

CUTOFF CONCENTRATION = 100 ng/mL Secobarbital

> BARBITURATE CONFIRMATION

Test not performed

> COCAINE METABOLITE SCREEN

None detected. This is the result of a qualitative immunoassay screening test for cocaine metabolites. CUTOFF CONCENTRATION = 100 ng/mL Benzoylecgonine

COCAINE CONFIRMATION

COCAINE METABOLITE CONFIRM

Test not performed

> OPIATE GROUP SCREEN

None detected. This is the result of a qualitative immunoassay screening test for morphine/codeine. CUTOFF CONCENTRATION = 100 ng/mL Morphine

OPIATE CONFIRMATION

OPIATE CONFIRMATION

Test not performed

> TRICYCLIC ANTIDEPRESSANT SCREE

None detected. This is the result of a qualitative immunoassay screening test for tricyclic antidepressants.

CUTOFF CONCENTRATION = 300 ng/mL Nortriptyline

TRICYCLIC ANTIDEPRESSANT CONF

TRICYCLIC ANTIDEPRESSANT CONF

Test not performed

> METHANOL

NON-DETECTABLE

gmt gm t

> ETHANOL

NON-DETECTABLE

> ISOPROPANOL

NON-DETECTABLE

gm*

> ACETONE

gm&

NON-DETECTABLE

N = Normal # = Delta H = HighL = Low

01/29/99 12:16

PAGE 2

RUN ON: 10/21/98 0905

RUN FOR: 10/07/98-10/21/98

TYPE OF REPORT:

Doctor Report

LOCATION

PATIENT:

SEX 49 F

PHYSICIAN NAME

MR#:

PHONE:

ACCOUNT #

STATUS

09/08/98

REG DATE

ADM COMMENTS:

SPEC#:

COLL: 09/08/98-

(Continued)

Test

> VALPROIC ACID

Result 21 Flag Reference

L 50-100 MCG/ML

Normal anti-epileptic range: 50 - 100 MCG/ML

Therapeutic range for the treatment of manic episodes associated with bi-polar disorder: 50 - 125 MCG/ML

Test performed at

> FLUOXETINE

> NORFLUOXETINE

370 1000 NG/ML

NG/ML

Daily therapy with 40 MG fluoxetine/day: steady state concentrations at 4 - 8 hours after dose range from 91 - 302 NG/ML fluoxetine and 72 - 258 NG/ML norfluoxetine.

Test performed at

SPEC #:

STATUS:

COLL: 09/08/98-

RECD: 09/08/98-1450

ORDERED: CDAUF

COMMENTS: VALPROIC ACID, DEPAKOTE

Test

Result

Plag Reference

> SPECIMEN TYPE

URINE

BARBITURATE SCREEN

None detected. This is the result of a qualitative immunassay screening test for barbiturates. CUTOFF CONCENTRATION = 200 ng/mL Secobarbital

> BARBITURATE CONFIRMATION

Test not performed

> COCAINE METABOLITE SCREEN

None detected. This is the result of a qualitative immunassay screening test for cocaine metabolites. CUTOFF CONCENTRATION = 300 ng/mL Benzoylecgonine

> COCAINE METABOLITE CONFIRM

Test not performed

> OPIATE GROUP SCREEN

H = High N = Normal # = Delta L = Low

RUN ON: 10/21/98 0905 RUN FOR: 10/07/98-10/21/98

TYPE OF REPORT:

PAGE 3 Doctor Report

PATIENT:

MR#:

PHONE:

LOCATION

AGE SEX 49 F

PHYSICIAN NAME

ACCOUNT #

STATUS

REG DATE 09/08/98

ADM COMMENTS:

SPEC#:

COLL: 09/08/98-

(Continued)

Test

Result

Flag Reference

None detected. This is the result of a qualitative immunoassay screening test for morphine/codeine.

CUTOFF CONCENTRATION = 300 ng/mL Morphine

> OPIATE CONFIRMATION

Test not performed

SPEC #:

STATUS:

COLL: 09/08/98

RECD: 09/08/98-1450

ORDERED: CME HOLD

COMMENTS: VALPROIC ACID, FLUOXETINE

Test

> SPECIMEN TYPE

Result

BLOOD

Flag

Reference

Fluoridated heart

SPEC #:

STATUS:

COLL: 09/08/98

RECD: 09/08/98-1450

ORDERED: CME HOLD

COMMENTS: VALPROIC ACID, FLUOXETINE

Test

> SPECIMEN TYPE

Result FLUID, OTHER Flag

Reference

VITREOUS

01/29/99 12:17

PAGE 4

RUN ON: 10/21/98 0905

RUN FOR: 10/07/98-10/21/98

TYPE OF REPORT:

Doctor Report

PATIENT:

PHYSICIAN NAME

MR#:

PHONE:

LOCATION

AGE SEX 49

ACCOUNT #

STATUS

REG DATE 09/08/98

ADM COMMENTS:

SPEC #:

STATUS:

COLL: 09/08/98-

RECD: 09/08/98-1450

ORDERED: CME HOLD

COMMENTS: VALPROIC ACID, FLUOXETINE

Test

Result

Flag

Reference

> SPECIMEN TYPE

FLUID, OTHER

GASTRIC 200CC

SPEC #:

STATUS: COLL: 09/08/98-

RECD: 09/08/98-1450

ORDERED: CME HOLD

COMMENTS: VALPROIC ACID, FLUOXETINE

Test

SPEC #:

Result TISSUE

Flag

Reference

> SPECIMEN TYPE

LIVER

STATUS:

COLL: 09/08/98-

RECD: 09/08/98-1450

ORDERED: CME HOLD

COMMENTS: VALPROIC ACID, FLUOXETINE

Test

Result FLUID, OTHER Flag

Reference

> SPECIMEN TYPE

BILE

H = High L = Low N = Normal # » Delta